REMARKS

In the Office Action, the Examiner rejected claims 1 - 9 and 11 - 17 as obvious over the **Mason** et al. reference in view of **Christensen**.

As has already been noted before, **Mason** describes a method for generation of applications that comprise DICOM services (see **Mason** patent claim 1, column 16, lines 23 and the following). The method which is applied concerns object-oriented methods (frameworks, basis classes etc.) but not components. At no point does the **Mason** patent refer to components.

As disclosed in the present patent application on page 1, lines 21 and the following "despite of the use of object orientation, the simple use of class libraries prevents the construction (or design) of flexible and reusable components ..." "The present invention is based on the object of providing software components (or objects) that exhibit a behavior that is independent from other components as far as possible."

Mason can thus not be applied at all to a patent application that uses components instead of object-oriented class libraries/frameworks. In other words, **Mason** is not relevant art to the present application.

Mason also limits his application to applications that offer DICOM services (see **Mason** claim 1). In contrast to this, the present application generally concerns medical applications – and is not limited to those that offer DICOM services

In contrast to this, the **Christensen** reference describes multiple separate applications that communicate with one another (also across "tiers") using OLE automation.

The present patent application describes the structuring within ONE application that runs in a process by means of configuration or, however, can also be executed in a plurality of processes. Please see the comments of the prior amendment filed March 13, 2006, and the amendment to Claim 1, above.

Neither **Christensen** nor **Mason** describes a medical system architecture that shows the structure of ONE application on a component basis and comprises the distribution of the components of this ONE application to various processes (see also the enclosed explanatory

drawing Appendix A and the comments presented in the prior amendment of January 12, 2006).

Mason has an object-oriented structure within a medical application that is limited to DICOM services while **Christensen** describes a communication distributed between different applications over a plurality of "tiers". Neither of these describes a medical application structure that can internally cover a plurality of "tiers" and can arrive at runtime in a process for execution or, however, also be executed via configuration in various processes. The necessity to bring all components of a medical application into the same process for execution is essentially driven by performance and state considerations.

Neither **Mason** nor **Christensen** obviates the inventive ideas of the present patent application, and nor does the combination of the two references when considered together.

Mason and **Christensen** concern communication **between** applications, while the scope of the present patent application addresses the communication **within** a single application (which can be distributed among various processes).

Claim 1 distinguishes over the combined teachings of the prior art for the reasons set forth above.

Thus, the invention as disclosed and claimed is patentably distinct from the cited prior art, whether considered alone or in combination. As such withdrawal of the obviousness rejection and reconsideration and allowance of the present application is hereby requested.

Respectfully submitted,

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